

DEPARTMENT OF WORKFORCE
DEVELOPMENT
Secretary Jennifer Alexander
201 East Washington Avenue
P.O. Box 7946
Madison, WI 53707-7946
Telephone: (608) 266-7552
FAX: (608) 266-1784



**State of Wisconsin
Governor Scott McCallum**

DEPARTMENT OF HEALTH AND
FAMILY SERVICES
Secretary Phyllis Dubé
1 West Wilson Street
P.O. Box 7850
Madison, WI 53707-7850
Telephone: (608) 266-9622
FAX: (608) 266-7882

**TO: Economic Support Supervisors
Economic Support Lead Workers
Training Staff
Child Care Coordinators
W-2 Agencies**

**FROM: Amy Mendel-Clemens
CARES Call Center
Policy & Systems Communications Section**

BWP/BIMA OPERATIONS MEMO

No.: 02-67

File: 1250.14 2720

Date: 12/4/2002

Non W-2 ☒ W-2 ☐ CC ☐

PRIORITY: High

SUBJECT: 2003 Cost of Living Adjustment (COLA)

CROSS REFERENCE: Medicaid Handbook Appendix 30

EFFECTIVE DATE: 01/01/03

BACKGROUND

The Cost of Living Adjustment (COLA) for 2003 is 1.4% for the SSA Old Age Survivors and Disability Insurance (OASDI or Title II) and the federal portion of SSI benefits. There is no change in the level of the State Supplemental Payment to SSI recipients. CARES eligibility redeterminations will occur as part of the annual COLA mass change on the weekend of 12/7/02. The Medicaid changes will be included in the Medicaid Handbook January, 2003 release, except for the TB benefit which will appear in the April, 2003 release.

This will result in the changes in CARES and the Medicaid income and asset levels, allowances and deductions outlined in this Ops Memo.

CARES

MASS CHANGE

Data updates are made based upon information received from the Social Security Administration (SSA) related to COLA increases to social security (i.e., disability, survivor, retirement) benefits and federal Supplemental Security Income (SSI) program benefits. The Medicare Part B premium

amount is also updated based upon the yearly amount set in federal law. The federal benefit COLA increase is 1.4% of the current benefit for calendar year 2003.

Updates of CARES Fields:

CARES Screen

1. SSI Benefit	AFUI
2. Social Security Benefit	AFUI
3. 503 COLA Disregard	AFUI
4. QMB/SLMB COLA Disregard	AFUI
5. Medicare Part-B Premium amount.	AFMD

For each person in a W-2, Child Care, Medicaid, BadgerCare, Family Care Assistance Group (AG), or FS AG that is open or has been closed less than 30 days, CARES will update the SSA/SSI benefit amount on AFUI (the unearned income screen) with an effective date of 01/03 (January, 2003). SeniorCare information will not be updated automatically, because it uses an annual budgeting technique.

When applicable, AFMD will be updated with the increased Medicare Part B premium amount. The premium payor will be changed on AFMD if SSA data differs from that in CARES. We are using data supplied to us by the SSA to identify SSA/SSI recipients and new benefit amounts.

EXCEPTIONS THAT **ARE NOT** UPDATED AUTOMATICALLY:

1. When the federal COLA file has SSI Income, but there is no corresponding AFUI record on CARES, CARES will not be updated. The error message will be "SDX shows SSI eligible". (If the correct AFUI is on CARES, but with an amount of zero, the same message will appear on the information report and the case will be updated)
2. When there is information in the SSA COLA file and CARES has SSA and/or SSI income that is dated in the future (01/03 or later), CARES will not be updated and ED/BC will not be run. The information will be sent to the exception report. The error message is "Future Begin Date – No Update".
3. When the AFUI screen on CARES shows current information for either SSI or SSA and there is no information on the federal COLA file, one of the following messages will appear:
 - a. "No COLA Record for SSA".
 - b. "No COLA Record for SSI".
4. Cases that have multiple SSA income records in CARES will have the information sent to the exception report, regardless of the COLA information. The error message is "Multiple SS records on CARES".
5. Cases that have multiple SSI income records in CARES will have the information sent to the exception report, regardless of the COLA information. The error message is "Multiple SSI records on CARES".
6. Cases that have an SSA amount on the federal COLA file that is less than the amount on CARES screen AFUI will be sent to the exception report.

7. Cases that are ESS overrides in CARES (through screen AGOE or AIOE) will not be updated and the information will be sent to an exception report. The error message is "Manual Override".

EXCEPTIONS THAT **ARE** UPDATED AUTOMATICALLY:

In all of the following situations, mass change will update CARES with the amount from the federal COLA file, run ED/BC, and send the necessary information to the exception reports:

1. CARES has an SSI benefit amount greater than zero and the federal COLA file has an SSI benefit amount of \$0. The message is "COLA shows no SSI".
2. CARES does not show that the individual is entitled to Medicare Part B, but the federal COLA file does. The message is " Person is Part B Entitled".
3. CARES shows that the individual is entitled to Medicare part B, but the federal COLA file does not. The message is " Person is not Part B Entitled".
4. The Medicare Part B premium payor on CARES is different then the Part B premium payor on the federal COLA file.

CARES TABLES

Reference table updates are made to 4 tables that are used in determining Medicaid eligibility. These changes are required because of changes in the federal portion of the SSI payment level upon which the Medicaid income limits are based or because of a change in the Consumer Price Index (CPI). Reference table changes have been completed. An effective date of January 1, 2003 will be used for TMEP, TASP, and TSCA. TCDP changes have already been done through 2005.

Changes to TMST will not be needed this year because the AFDC-related and the SSI-related Medically needy limits are capped at \$591.67 for group size 1 and 2.

1. Changes in SSI-related income and Shelter Limits are in table **TMEP**.
2. Changes in Community Waiver income limits and personal maintenance allowances as well as the Medicare Part B premium amount and the Spousal Impoverishment Maximum income allocation amount are **also** found in **TMEP**.
3. The Spousal Impoverishment asset limit is in **TASP**.
4. The Dates controlling the time between the COLA mass change and the Federal Poverty Level mass change are stored in **TCDP**.
5. Changes in the SSA COLA percentage are found in **TSCA**.

EOS REPORTS

There will be seven reports generated as a result of this mass change. The EOS reports with IDs C308 and C309 are the exception reports. All other reports listed are the regular mass change reports.

EOS Report ID	CARES Report ID	Report Title
C308	MC200A-CMC	COLA MC EXCEPTION LISTING BY AG
		A list of Cases that, for specific reasons, were not updated or run through EDBC to recalculate their eligibility. This report lists the 'Exceptions'
C309	MC202A-CMC	COLA MC – INFO/UPDATE BY AG
		A list of exception cases that were updated, but that should be reviewed by the ES worker.
C310	MC250A-CMC	COLA MC – ALL INDIVS UPDATED
		A list of all cases that were updated on AFUI or AFMD. These cases have also been run through eligibility.
C303	MC182A-RTM	AGS AFFECTED BY REF TABLE MC
		This is a list of cases with an AG that increased or decreased as a result of the mass change. If one AG in the case changed, all AGs are listed.
C304	MC182B-RTM	COUNTY SUMMARY – MC REF TABLE
		This report shows the number of AGs that opened, closed, increased and decreased by county. It also shows dollar amounts when applicable.
C305	MC182C-RTM	STATE SUMMARY – MC REF TABLE
		This report shows the number of AGs that opened, closed, increased and decreased by the entire state. It also shows dollar amounts when applicable.
C307	MC192A-RTM	EXCEPTION LIST/AGS - REF TAB MC
		This report can be produced by any Mass Change. It shows AGs that should be looked at for various reasons.

ELDERLY, BLIND, DISABLED (EBD) INCOME & ASSET CHANGES

Cross Reference: MAHB, Appendix 30.5.0.

Effective Date: 01/01/03

CARES: These changes are part of the 12/7/02 CARES mass change.

ITEM	NEW AMOUNT	OLD AMOUNT
Categorically Needy Income		
Size 1	\$ 451.78 + Actual Shelter up to \$ 184.00	\$ 447.11 + Actual Shelter up to \$ 181.67
Size 2	\$ 684.72 + Actual Shelter up to \$ 276.33	\$ 676.72 + Actual Shelter up to \$ 272.33
Medically Needy Income		
Size 1	No Change	\$ 591.67
Size 2	No Change	\$ 591.67
Categorically Needy Assets		
Size 1	No Change	\$ 2,000.00
Size 2	No Change	\$ 3,000.00
Medically Needy Assets		
Size 1	No Change	\$ 2,000.00
Size 2	No Change	\$ 3,000.00

CATEGORICALLY NEEDY INSTITUTIONAL RESIDENT INCOME LIMIT

Cross Reference: MAHB, Institutions Unit, Step #11, 30.5.0.

Effective Date: 01/01/03

CARES: This change is part of the 12/7/02 CARES mass change.

ITEM	NEW AMOUNT	OLD AMOUNT
Categorically needy income limit for person in a medical institution.	\$ 1,656.00	\$ 1,635.00

SPOUSAL IMPOVERISHMENT INCOME ALLOCATION & ASSET SHARE

Cross Reference: MAHB, Appendix 23.4.2 & 23.6.0.

Effective Date: 01/01/03

CARES: This change is part of the 12/7/02 CARES mass change.

ITEM	NEW AMOUNT	OLD AMOUNT
Community Spouse Asset Share (CSAS) maximum	\$ 90,660.00	\$ 89,280.00
Income allocation	\$ 2,266.50	\$ 2,232.00

SPOUSAL IMPOVERISHMENT ASSET TABLE EFFECTIVE 01/01/03

IF the total countable assets of the couple are:	THEN the CSAS* is:	MA Eligibility Limit
\$181,320 or more	\$90,660	\$92,660
Less than \$181,320 but greater than \$100,000	½ of the total countable assets of the couple	½ + \$2,000
\$100,000 or less	\$50,000	\$52,000

*CSAS is the "Community Spouse Asset Share".

**SPOUSAL IMPOVERISHMENT INCOME ALLOCATION & ALLOWANCE TABLE
EFFECTIVE 01/01/03**

NOTE ➤ All dollar amounts are monthly amounts

Community Spouse Allocation	The maximum allocation is the <u>lesser</u> of: \$2,266.50, or \$1,990.00 plus excess shelter allowance. "Excess shelter allowance" means shelter expenses above \$597.00. Shelter expenses are mortgage, rent, taxes, maintenance fees, and a utility allowance.
Dependent Family Member Allocation	\$497.50 per dependent family member living with the community spouse. (This amount does not change with the COLA increases but rather with the Federal Poverty Level changes that occur in the spring of each year.)
Personal Needs Allowance	\$45 for institutionalized non-veterans.
Community Waivers Allowance	\$732 to \$1,114.00 for a person in community waivers

MEDICARE PART B PREMIUM

Cross Reference: None.

Effective Date: 01/01/03

CARES: This change is part of the 12/07/01 CARES mass change.

ITEM	NEW AMOUNT	OLD AMOUNT
Base Monthly Premium Amount	\$ 58.70	\$ 54.00

The actual amount paid by the person is listed on the BENDEX tape.

For each individual where the Medicare Part B Premium Amount or the Medicare Part B Premium Payor is updated, the HIC number on AFMD will also be updated if the COLA file is different than the CARES information. The HIC number will not be updated if CARES has railroad retirement or black lung fund indicated on screen AFMD.

SSI-E PAYMENT LEVEL

Cross Reference: MAHB, Appendix 19.1.1, 19.2.2, 30.5.0.

Effective Date: No change.

CARES: Not applicable.

ITEM	NEW AMOUNT	OLD AMOUNT
State SSI-E Supplement	No change	\$ 95.99

COMMUNITY WAIVERS BASIC NEEDS ALLOWANCE

Cross Reference: MAHB, Appendix 25.9.2.1, 30.5.1.

Effective Date: 01/01/03

CARES: This change is part of the 12/7/02 CARES mass change.

ITEM	NEW AMOUNT	OLD AMOUNT
Basic Needs Allowance	\$732.00	\$ 725.00
Maximum "Personal Maintenance Allowance"	\$ 1,114.00	\$ 1,105.00

COMMUNITY WAIVERS SPECIAL INCOME LIMIT (GROUP B)

Cross Reference: MAHB, Appendix 25.9.2, 30.5.0.

Effective Date: 01/01/03

CARES: This change is part of the 12/7/02 CARES mass change.

ITEM	NEW AMOUNT	OLD AMOUNT
Single person or spouse not applying.	\$ 1,656.00	\$ 1,635.00

AFDC-RELATED INCOME CHANGES

Cross Reference: MAHB, Appendix 30.4.0.

Effective Date: Not applicable.

CARES: Not applicable.

ITEM	NEW AMOUNT	OLD AMOUNT
Income:		
1. Categorically needy.	No Change	See <u>MAHB</u> .
2. Medically needy.	No Change	Size 1 = \$ 591.67

MEDICAID PURCHASE PLAN (MAPP) STANDARD LIVING ALLOWANCE

Cross Reference: BWSP Operations Memos 00-15 & 00-87
MAHB, Appendices 33 and 30.5.1.

Effective Date: 01/01/03

CARES: Not applicable (MAPP automation 1/25/02).

ITEM	NEW AMOUNT	OLD AMOUNT
MAPP Standard Living Allowance, SLA	\$ 655.00	\$ 648.00

2003 COLA INCREASE FOR TUBERCULOSIS BENEFIT

Cross Reference: MAHB, Appendix 19.7.2.

Effective Date: 01/01/03

CARES: Not applicable.

ITEM	NEW AMOUNT	OLD AMOUNT
Income limit for one person.	\$ 1,189.00	\$ 1,175.00

SPOUSAL IMPOVERISHMENT FACT SHEET

Workers can access the Spousal Impoverishment Asset and Income Allocation Tables on the Internet by going to <http://www.dhfs.state.wi.us/Medicaid1/recpubs/factsheets/spousimp.htm> and paging down to the tables.

You will not see these changes on the web site until January, 2002. When the changes are made, please print them out for anyone who requests a copy and doesn't have Internet access.

CONTACTS

BIMA CARES Information & Problem Resolution Center

Email: carpolcc@dwd.state.wi.us
Telephone: (608) 261-6317 (Option #1)
Fax: (608) 266-8358

Note: Email contacts are preferred. Thank you.

LINKS

Spousal Impoverishment Fact Sheet

<http://www.dhfs.state.wi.us/Medicaid1/recpubs/factsheets/spousimp.htm>